

IDAHO SUPPLEMENTAL SCHEDULE
For Form 43, Nonresident and Part-year Resident Returns Only

2001

For calendar year 2001, or fiscal year beginning _____, ending _____

Name(s) as shown on return _____

Social Security Number _____

		Column A - Total		Column B - Idaho																					
A. Additions. See instructions, page 21.																									
1.	Non-Idaho state and local bond interest and dividends	1	00	.	00																				
2.	Idaho college savings account withdrawal	2	00	.	00																				
3.	Other additions. Attach explanation	3	00	.	00																				
4.	Total additions. Add lines 1, 2 and 3. Enter on line 31, Form 43.	4	00	.	00																				
B. Subtractions. See instructions, page 21.																									
1.	Idaho net operating loss carryforward. Attach Form 56.	1	00	.	00																				
2.	State income tax refund included in line 30, Column A, Form 43	2	00																						
3.	Interest from U.S. Government obligations	3	00	.	00																				
4.	Child/dependent care. Attach federal Form 2441 or 1040A, Schedule 2.	4	00	.	00																				
5.	Social security and railroad benefits included in line 30, Column A, Form 43	5	00																						
6.	Idaho capital gains deduction. Attach Form CG.	6	00	.	00																				
7.	Idaho resident - Active duty military pay earned outside of Idaho	7		.	00																				
8.	Idaho medical savings account - contributions and interest	8	00	.	00																				
9.	Idaho college savings program	9	00	.	00																				
10.	Adoption expenses	10	00	.	00																				
11.	Maintaining a home for the aged and/or developmentally disabled	11	00	.	00																				
12.	Idaho lottery winnings, less than \$600 per prize	12	00	.	00																				
13.	Income earned on a reservation by an American Indian	13		.	00																				
14.	Worker's compensation insurance	14	00	.	00																				
15.	Partner's and shareholder's pass-through subtractions	15	00	.	00																				
16.	Insulation of Idaho residence	16	00	.	00																				
17.	Technological equipment donation	17	00	.	00																				
18.	Health insurance premiums	18	00	.	00																				
19.	Long-term care insurance	19	00	.	00																				
20.	Alternative energy device deduction.																								
	<table border="1"> <thead> <tr> <th>Year Acquired</th> <th>Type of Device</th> <th>Total Cost</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>a. 2001</td> <td></td> <td>\$</td> <td>X 40% =</td> </tr> <tr> <td>b. 2000</td> <td></td> <td>\$</td> <td>X 20% =</td> </tr> <tr> <td>c. 1999</td> <td></td> <td>\$</td> <td>X 20% =</td> </tr> <tr> <td>d. 1998</td> <td></td> <td>\$</td> <td>X 20% =</td> </tr> </tbody> </table>	Year Acquired	Type of Device	Total Cost	Percent	a. 2001		\$	X 40% =	b. 2000		\$	X 20% =	c. 1999		\$	X 20% =	d. 1998		\$	X 20% =	20a	00	.	00
Year Acquired	Type of Device	Total Cost	Percent																						
a. 2001		\$	X 40% =																						
b. 2000		\$	X 20% =																						
c. 1999		\$	X 20% =																						
d. 1998		\$	X 20% =																						
		20b	00	.	00																				
		20c	00	.	00																				
		20d	00	.	00																				
	e. Add lines 20a through 20d	20e	00	.	00																				
21.	Add lines 1 through 19 and 20e.	21	00	.	00																				
22. Retirement Benefits Deduction																									
a.	If single enter \$18,432, if married filing jointly enter \$27,648	22a	00																						
b.	Federal Railroad Retirement received	22b	00																						
c.	Social Security benefits received	22c	00																						
d.	Balance. Line 22a minus lines 22b and 22c. If less than zero, enter zero.	22d	00																						
e.	Qualified retirement benefits included in federal gross income	22e	00																						
f.	Column A benefits. Smaller of line 22d or line 22e	22f	00																						
g.	Qualified retirement benefits included in Idaho gross income	22g			00																				
h.	Divide line 22g by line 22e	22h		%																					
i.	Column B benefits deduction. Multiply line 22f by line 22h	22i		.	00																				
23.	Other subtractions. Attach explanation.	23	00	.	00																				
24.	Total subtractions. Column A, add lines 21, 22f, and 23; Column B, add lines 21, 22i, and 23. Enter on line 33, Form 43.	24	00	.	00																				

See instructions, page 24, for qualified retirement benefits to be included on lines 22e and 22g.

Name(s) as shown on return

Social Security Number

C. Credit for Income Tax Paid to Other States by Part-Year Residents. See instructions, page 24.

Nonresidents cannot claim this credit. Idaho residents on active military duty, complete Section D below

1. Idaho adjusted income from line 34, Column B, Form 43	1		00	Attach a copy of the income tax return and a separate Form 39NR for each state for which a credit is claimed.
2. Other state's adjusted income	2		00	
3. Amount on lines 1 and 2 taxed by both states	3		00	
4. Idaho tax, line 45, Form 43	4		00	
5. Divide line 3 by line 1. Enter percentage here.	5		%	
6. Multiply line 4 by line 5.		6		00
7. Other state's tax due less its income tax credits	7		00	
8. Divide line 3 by line 2. Enter percentage here.	8		%	
9. Multiply line 7 by line 8.		9		00
10. Enter the smaller of line 6 or 9 here and on line 46, Form 43.		10		00

D. Credit for Income Tax Paid to Other States by Idaho residents on Active Military Duty.**See instructions, page 25.**

1. Idaho tax, line 45, Form 43	1		00	Attach a copy of the income tax return and a separate Form 39NR for each state for which a credit is claimed.
2. Other state's adjusted income	2		00	
3. Idaho adjusted income from line 34, Column B, Form 43	3		00	
4. Divide line 2 by line 3. Enter percentage here.	4		%	
5. Multiply line 1 by line 4. Enter amount here.		5		00
6. Other state's tax due less its income tax credits.		6		00
7. Enter the smaller of line 5 or 6 here and on line 46, Form 43.		7		00

E. Maintaining a Home for a Family Member Age 65 or Older, or a Family Member With a Developmental Disability. See instructions, page 25.

1. Did you maintain a home for an immediate family member age 65 or older and provide more than one-half of his/her support? You and your spouse do not qualify. ☐ Yes ☐ No
2. Did you maintain a home for an immediate family member with a developmental disability and provide more than one-half of his/her support? You and your spouse may qualify. ☐ Yes ☐ No
- If you answered YES to either question, complete lines 3 and 4.*

3. List each family member you are claiming:

Name of Family Member	Social Security Number of Family Member	Relationship to Person Filing Return	Date of Birth of Family Member	Check here if developmentally disabled

4. Total amount claimed (\$100 for each qualifying member but not more than \$300). Enter on line 68, Form 43.

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